Electronic Correspondence Referral System (ECRS)

Quick Reference Card

Rev. 02-02/October 2002

GHI-DI-502-5.1

Main Menu Codes

Selection Options	
Value	**Transports to:**
01	ECRS CWF Assistance Request Detail screen
02	ECRS CWF Assistance Request List screen
03	ECRS Document Copies Request screen
04	ECRS MSP Inquiry Detail screen
05	ECRS MSP Inquiry List screen
06	ECRS MSP Lead Contractor Assignment screen
07	ECRS MSP Developing Contractor Notification screen
08	ECRS MSP Changed Record Notification screen
09	ECRS Workers' Compensation Set-Aside Detail screen
10	ECRS Workers' Compensation Set-Aside List screen

CWF Assistance Request Codes

Enter CWF assistance requests for existing MSP records.

Required Fields on ECRS CWF Assistance Request Detail Screens	
Field	**Description**
ACTION(S)	Action codes
DCN	Document Control Number
SOURCE	Source of request information
BENE HICN	Beneficiary's Health Insurance Claim Number
NAME	Beneficiary's name
PAT REL	Patient relationship
MSP TYPE	Type of MSP coverage
EFF DT	Effective date of MSP coverage
AUX REC	Record number of MSP auxiliary occurrence at CWF
ORIG CNTR	Contract number of contractor that created original MSP occurrence at CWF
INS TYPE	Type of insurance

Required Fields for Source Codes	
Value	**Required Fields**
CHEK	CHECK DATE, CHECK AMOUNT, CHECK NO, INFMT NAME, STREET, CITY, ST, ZIP, INFMT REL
LTTR	INFMT NAME, STREET, CITY, ST, ZIP, INFMT REL

Action Codes	
Value	**Description**
AI	Change attorney information
CV	Change venue
DO	Mark occurrence for deletion
DR	Deleted CWF record, redevelop
DX	Change diagnosis codes
ED	Change effective date
EI	Change employer information
ES	Employer size below minimum (20 for working aged; 100 for disability)
II	Change insurer information
IT	Change insurer type
LR	Add duplicate liability record
MT	Change MSP type
MX	SSN/HICN mismatch
PH	Add PHP date
PR	Change patient relationship
RR	Generate right of recovery lead contractor record
TD	Change termination date
VP	Beneficiary has taken a vow of poverty

Required Fields for Action Codes		
Value	**Required Fields**	**Description**
AI	INFMT NAME, PHONE, STREET, CITY, ST, ZIP	Attorney information (when MSP TYPE = D, E, or L and INFMT REL = A)
CV	CHANGE LEAD TO, SEND VENUE LETTER? Y/N	New lead contractor number; venue letter indicator
DX	DIAG	Diagnosis codes
ED	EFF DATE	Effective date
EI	EMPLR NAME, STREET, CITY, ST, ZIP, EIN, EMPLOYER NO Type data in all fields to update employer info at CWF.	Employer information
II	INSURER NAME If you leave the following fields blank, the system overwrites the previous value on the MSP auxiliary record at CWF: STREET, CITY, ST, ZIP, GROUP NO, POLICY NO, INSURED NAME, INS REL Type data in all fields to update insurer info at CWF. Leave all fields blank to delete insurer info at CWF.	Insurer name
IT	INS TYPE	Insurance type
MT	MSP TYPE	MSP type
MX	SSN	SSN/HICN mismatch
PH	PHP DATE	Pre-paid Health Plan date
PR	PAT REL	Patient relationship
TD	TERM DT	Termination date

MSP Inquiry Codes

Enter inquiries to initiate MSP development.

Action Codes	
Value	**Description**
CA	Class action suit
CL	Closed or settled case
DE	Develop to the employer
DI	Develop to the insurer
SC	Suppress confirmation letter
SL	Suppress lead contractor assignment
SR	Suppress right of recovery letters

Required Fields for Action Codes	
Value	**Required Fields**
CA	BENE HICN, PAT REL, MSP TYPE (must = L), EFF DT, CA, **INFMT (attorney) NAME, STREET, CITY, ST, ZIP, *INSURER NAME, *INS TYPE, **STREET, CITY, ST, ZIP, DIAG
CL	BENE HICN, PAT REL, MSP TYPE (must = D, E, or L), EFF DT, TERM DATE, **INFMT (attorney) NAME, STREET, CITY, ST, ZIP, *INSURER NAME, *INS TYPE, **STREET, CITY, ST, ZIP, DIAG
DE	EMPLR NAME, STREET, CITY, ST, ZIP
DI	INSURER NAME, STREET, CITY, ST, ZIP
SC	BENE HICN, PAT REL, MSP TYPE, EFF DT, **INFMT (attorney) NAME, STREET, CITY, ST, ZIP, *INSURER NAME, *INS TYPE, **STREET, CITY, ST, ZIP, DIAG
SL	BENE HICN, PAT REL, MSP TYPE (must = D, E, or L), EFF DT, **INFMT (attorney) NAME, STREET, CITY, ST, ZIP, *INSURER NAME, *INS TYPE, **STREET, CITY, ST, ZIP, DIAG
SR	BENE HICN, PAT REL, MSP TYPE (must = D, E, or L), EFF DT, **INFMT (attorney) NAME, STREET, CITY, ST, ZIP, *INSURER NAME, *INS TYPE, **STREET, CITY, ST, ZIP, DIAG

* INSURER NAME and INS TYPE are always required fields.

**Attorney information is only required when additional insurer information (STREET, CITY, ST, ZIP) is not present. Likewise, additional insurer information is only required when attorney information is not present.

Required Fields for Source Codes	
Value	**Required Fields**
CHEK	DCN, SOURCE, BENE HICN, NAME, CHECK DATE, CHECK AMOUNT, CHECK NO, INFMT NAME, ADDR, CITY, ST, ZIP, INFMT REL **or** DCN, SOURCE, SSN, NAME, BENE STRT, CITY, ST, ZIP, CHECK DATE, CHECK AMOUNT, CHECK NO, INFMT NAME, ADDR, CITY, ST, ZIP, INFMT REL
LTTR	DCN, SOURCE, BENE HICN, NAME, INFMT NAME, ADDR, CITY, ST, ZIP, INFMT REL **or** DCN, SOURCE, SSN, NAME, BENE STRT, CITY, ST, ZIP, INFMT NAME, ADDR, CITY, ST, ZIP, INFMT REL
PHON	DCN, SOURCE, BENE HICN, NAME, MSP TYPE, INFMT NAME, ADDR, CITY, ST, ZIP, INFMT REL **or** DCN, SOURCE, SSN, NAME, BENE STRT, CITY, ST, ZIP, MSP TYPE, INFMT NAME, ADDR, CITY, ST, ZIP, INFMT REL
SCLM	DCN, SOURCE, BENE HICN, NAME **or** DCN, SOURCE, SSN, NAME, BENE STRT, CITY, ST, ZIP

General Codes

The following codes apply to CWF assistance requests, MSP inquiries, and workers' compensation set-aside trust cases.

MSP Type Codes

Value	Description
A	Working Aged
B	End-Stage Renal Disease (ESRD)
C	Conditional Payment
D	Automobile Insurance, No Fault
E	Workers' Compensation
F	Federal (Public)
G	Disabled
H	Black Lung
I	Veterans
L	Liability

Source Codes

Value	Description
CHEK	Unsolicited check
LTTR	Letter
PHON	Phone call
SCLM	Claim submitted to Medicare contractor for secondary payment

Status Codes

Value	Description
CM	Completed
DE	Delete (do not process) ECRS request
HD	Hold, individual not yet a Medicare beneficiary (WC)
IP	In process, being edited by COB
NW	New, not yet read by COB

Reason Codes

Value	Description
01	Not yet read by COB, used with NW status
02	Being processed by COB, used with IP status
03	Under development by COB, used with IP status
04	Update sent to CWF, used with IP status
05	Error received from CWF, being resolved by COB contractor, used with IP status
06	Sent to EDB for beneficiary info, used with IP status
07	Auditor follow-up development in progress, used with IP status

Reason Codes (continued)

Value	Description
10	Not processing
11	Not yet eligible for Medicare, used with HD status
12	Needs diagnosis, used with HD status (for WC set-aside trust cases only)
13	Future-dated workers' compensation case, used with HD status (for WC set-aside trust cases only)
14	Duplicate request, development already in process, used with HD status
50	Posted to CWF, response received with no errors, used with CM status
51	No changes (additions, modifications, or deletions) made to CWF, used with CM status
52	Returned–rejected by CWF, used with CM status
53	Returned–duplicate ECRS request, used with CM status
54	100 or more threshold met
55	20 or more threshold met
56	OBRA does not apply, no update
57	Record already updated
58	Non-compliant GHP
59	Employer verified existing record, no update
60	Invalid HICN
61	No Part A entitlement
62	Closed, no response to development
63	Development complete, no MSP
64	Letter sent
65	Deceased, used with CM status
66	ESRD/DIB conflict
67	No response from CWF
68	Closed for Self-Report
69	Developed to GHP, no response
70	Developed to non-EGHP, no response
71	Developed to beneficiary, no response
72	Developed to informant, no response
73	Medicare beneficiary retired
74	Spouse retired
75	GHP lifetime of yearly benefits past maximum amount
76	No coverage with insurance company
77	Medicare Supplemental Plan
78	Employer has less than 20 employees
79	Per employer, Medicare beneficiary is not covered under spouse's GHP
80	Employer has less than 100 employees
81	Medicare is primary due to ESRD coordination period
82	Per insurance, seasonal employee and not eligible for the month
83	Incoming request conflicts with information on file
84	Insufficient information to update CWF
85	Venue changed
86	Unable to verify address, used with CM status (for CWF assistant requests only)

Patient Relationship Codes

Value	Description
01	Patient is policy holder
02	Spouse
03	Natural child, insured has financial responsibility
04	Natural child, insured does not have financial responsibility
05	Stepchild
06	Foster child
07	Ward of the Court
08	Employee
09	Unknown
10	Handicapped dependent
11	Organ donor
12	Cadaver donor
13	Grandchild
14	Niece/nephew
15	Injured plaintiff
16	Sponsored dependent
17	Minor dependent of a minor dependent
18	Parent
19	Grandparent dependent
20	Not available

Informant Relationship Codes

Value	Description
A	Attorney representing beneficiary
B	Beneficiary
C	Child
D	Defendant's attorney
E	Employer
F	Father
I	Insurer
M	Mother
N	Non-relative
O	Other relative
P	Provider
R	Beneficiary representative (other than attorney)
S	Spouse
U	Unknown

Relationship to Insured Codes

Value	Description
B	Beneficiary
C	Child
E	Employer
F	Father
M	Mother
N	Non-relative
O	Other relative
S	Spouse
U	Unknown

Insurance Type Codes

Value	Description
A	Insurance or Indemnity (OTHER TYPES)
B	Group Health Organization (GHO)
C	Preferred Provider Organization (PPO)
D	Third Party Administrator arrangement under an Administrative Service Only (ASO) contract without stop loss from any entity (TPA/ASO)
E	Third Party Administrator arrangement with stop loss insurance issued from any entity (STOP LOSS TPA)
F	Self-Insured/Self-Administered (SELF-INSURED)
G	Collectively-Bargained Health and Welfare Fund (HEALTH/WELFAR)
H	Multiple Employer Health Plan with at least one employer who has more than 100 full- and/or part-time employees (EMPLOYER+100)
I	Multiple Employer Health Plan with at least one employer who has more than 20 full- and/or part-time employees (EMPLOYER+20)
J	Hospitalization Only Plan covering inpatient hospital services (HOSPITAL ONLY)
K	Medical Services Only Plan covering only non-inpatient medical services (MEDICAL ONLY)
M	Medicare Supplemental Plan, Medigap, Medicare Wraparound Plan, or Medicare Carve Out Plan (SUPPLEMENTAL)
Blank	Unknown (UNKNOWN)